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	Complete if Known			
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).	Application Number 10/540,786		RECEIVE	
FEE TRANSMITTAL	Filing Date	September 21, 2005 CENTRAL FAX		•
For FY 2006	First Named Inventor	Andreas MEL	ZER	E TOOLINI
101112000	Examiner Name	Lindsey M. Ba	chman MA	0 7 2007
Applicant claims small entity status. See 37 CFR 1.27	Art Unit	3734		
TOTAL AMOUNT OF PAYMENT (\$) 455.00	Attorney Docket No.	8324-2		
METHOD OF PAYMENT (check all that apply)				
Check Credit Card Money Order	None	Other (please	e Identify):	
Deposit Account Deposit Account number: 23-3030 Deposit Account	nt Name: Woodard, Emhar	dt, Moriarty, McNe	tt & Henry LLP	
For the above-identified deposit account, the Director is hereby autho	rized to: (check all that app	oly)		
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Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	Credit any ove	rpayments.		
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FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES				
FILING FEES SEARCH F		ATION FEES		
	ee (\$) Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)	
Utility 300 150 500	250 200	100	0	j
Design 200 100 100 Plant 200 100 300	50 130 150 160	65 80		
Reissue 300 150 500	250 600	300		
Provisional 200 100 0	0 0	0		
2. EXCESS CLAIM FEES		Small Entity		
Fee Description Each claim over 20 (Including Relssues)	Fee (\$) 50	<u>Fee (\$)</u> 2 5		ŀ
Each independent claim over 3 (including Reissues) Multiple dependent claims	200 360	100 180		'
contrible debaltoeut crawita		Dependent Claim		
Total Claims Extra Claims Fee (\$) Fee Paid (\$) Fee (\$)	Fee Paid (\$)		
* -20 or HP = 0 \times 50 $=$ 0 HP = highest number of total claims paid for, if greater than 20	x 360	=0		
Independent Claims Extra Claims <u>Fee (\$)</u> <u>Fee Paid (</u>	'S)			ŀ
$-3 \text{ or HP} = 0 \times 200 = 0$	<u></u>			
HP = highest number of independent delms peld for, if greater than 3 3. APPLICATION SIZE FEE				
If the specification and drawings exceed 100 sheets of paper (excluding the application size fee due is \$250 (\$125 for small entity) for each at	ing electronically filed sequ	ence or computer l	listings under 37 CFR 1.52	2(e)), 7
C.F.R. 1.16(s).	aditional on stiests of tracti	on thorough	, 0.0.0. Tr(a)(T)(0) and 0	`
	nal 50 or fraction thereof	Fee (\$)	Fee Paid (3)	
-100 = /50 = (round up to a whole number) x			0	
4. OTHER FEE(S) Fee for 1 month extension of time (small entity)			Fee Paid (\$) \$60.00	
Fee for Request for Continued Examination (RCE)			\$395 <u>,00</u>	
SUBMITTED BY				
	Registration No. 28,84 (Attorney/Agent) 28,84	0 Telephone	(317) 634-3456	
Name (Print/Type) James M. Durlacher		Date	May 7, 2007	
CERTIFICATE OF MAILING				
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: the United States Patent and Trademark Office, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or is being facsimile transmitted, on May 7, 2007				
Name (Print/Type) James M. Durlacher				
Signature Sames M. Deurlacher Date May 7, 2007				
8324-2:JMD:#462203:ss		- •		